

**SUBJECT: PFCE**  
**"How to Design and Use a Patient Teaching Module"**  
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**Patient Education Teaching**

- **The Learner**
- **Goals**
- **Objectives**
- **Teaching Plan**
- **Evaluation**
- **Documentation**
- **Support Packet**

A Patient Education teaching plan or lesson plan is a written plan which outlines all that you need to know and do to effectively teach a patient or group of patients with the same condition. This teaching plan becomes a complete resource for the person actually doing the teaching.

There are many teaching styles and plans. Each facility will have to decide which type plan or format they prefer. However, each plan may contain variations of the following information:

1. **Description of the Learner:** A list of characteristics most commonly found in a special group of patients; this list is collectively based on an assessment of the patients' clinical situation, personal history and usual lifestyle.
2. **Educational Goals:** General statements that describe common learning needs found in patients in the target group.
3. **Learning Objectives:** Specific statements that describe what actual results should occur after the patient has been taught and has learned.
4. **Teaching Plan:** A detailed description of the educational activities and an evaluation of the learning that occurred; it includes the information to be taught, teaching strategies, materials needed or equipment aids.
5. **Evaluation:** A brief method of evaluation will be detailed.
6. **Recommendation for Documentation:** Steps for charting the teaching that has occurred and the patient's response.
7. **Support Packet:** Pamphlets, brochures, videos and other teaching aids that will be given to the patient.

**Who Develops a Patient Education Teaching Plan?**

A multi-disciplinary team designs and writes the patient education teaching plan for a certain kind of patient. This team generally includes all of the people working in one department or if it is a one-person department, assistance comes from other health providers who are familiar with the department.

A different planning team is appointed to develop each teaching plan. This team includes at least one knowledgeable person from each discipline involved in the care of patients in the target group.

The team should be officially appointed by the Task Force/Team. Their participation should be recognized and rewarded as often and as much as possible. This not only keeps team members motivated, it also helps co-workers see the importance of their efforts. It minimizes the "hassle" they might get from co-workers or management personnel because of time spent in planning activities.

**Things To Consider When Developing The Teaching Plan**

1. Review the Hospital/Clinic program description and goals.
2. Review State, Federal, IHS rules and regulations that are particular to the disease or discipline.

2. Discuss contributions of all departments to this particular departments or program. There is often overlap in what each health discipline teaches. Decisions about teaching should be a consensus of the departmental planning team.
3. Discuss/consider learning characteristics. Health professionals with limited background in education tend to teach the way they were taught. This works well for the child or young learner, but not very well for adults. Adult learners should be given consideration for:
  - Values
  - Beliefs
  - Traditional Customs
  - Knowledge
  - Experience

### **Steps in Writing a Patient Education Lesson**

#### **Step 1: Describe the patient, your learner**

Think about the patients admitted to your hospital clinic with the diagnosis of the target group that has been selected. Write down brief statements that describe the "typical" patient found in this target group. Include as much about them as you can remember.

Consider the majority of patients admitted to your facility. What are they like, both in the hospital and at home in their everyday world? What age group do they fall into? What do they do for a living? What is their living situation like at home? How well off are they economically? What are their interests? What is their level of knowledge about their disease?

Now write down a description of a "typical" patient. An example might include:

Example:	Description of the Learner
Diagnosis:	Diabetes Mellitus, Type II
Description:	The typical Type II Diabetic patient is .....

#### **Step 2: Write Educational Goals**

Goals are statements that describe, in broad terms, what is to be accomplished. Educational goal statements are intended to communicate intended achievements of the lesson.

- A. Think about what you want to teach these patients and why. Then brainstorm together. List all those things you believe that patients with this diagnosis should know and be able to do in order to take care of themselves properly. Some potential areas for patient teaching are:
  1. Medical diagnosis e.g., diabetes, heart attack, hypertension
  2. nursing problem, e.g., decreased appetite, fatigue, wound care
  3. patient and family concerns, e.g., appearance, finances, dependency vs. independence
  4. diagnostic or therapeutic procedures
  5. behavior and knowledge to take care of self, e.g., dressing changes, medications, etc.
- B. Group any related ideas together. Write goals (or general statements) from them that indicate what the patient should learn, be able to do, understand or appreciate, etc.

Some examples of educational goals for the hypertensive target group might include:

1. The patient will be able to select and eat foods appropriate to his or her prescribed diet.
2. The patient will be able to state a normal blood pressure.

- C. Decide which of your educational goals should receive the most attention in teaching the patient.
1. List all the educational goals you wrote in B under the **Goals** column on the worksheet in the following example.
  2. Decide how realistic or feasible it is for the patient to learn the things on your list. Consider the amount of time that is available, the patient's state of mind, the patient's educational level, interest, etc. Ask yourself, "Can the patient really learn this, considering his or her real situation and my resources?"
 

Grade each goal on a scale of 0 (it's impossible) to 10 (it's a snap) and list it under the column labeled **Likelihood**.
  3. Decide how much it might influence the patient to have accomplished each goal. How much impact would it have on the patient's progress and well-being? Grade each goal on the same scale of 0-10 under the column labeled **Importance**.
  4. For each goal, multiply the number for **Likelihood** by the number for **Importance**. Write the result in the column labeled **Priorities**. Those goals with the highest scores in the priorities column are the most important.

The group must now decide which goals are priorities. These goals are the first step in a patient education teaching plan.

### Step 3: Write learning objectives.

Objectives are precise statements that map out the task necessary to reach a goal. They are intended to specify behavior changes needed to achieve a goal.

Objectives are specific concepts that will help to achieve the goal. Each learning objective must state the skill or activity the patient must do in order to demonstrate what he or she has learned.

The objectives are written with action words or verbs. Examples include words like *identify, state, recognize, discuss, list*, etc. **These specific statements (objectives) will be the ones that tell you what to teach, how to teach it, and how to tell when the patient has learned it.** Learning objectives help you (the teacher) decide on content, teaching strategies and evaluation methods.

- A. At the top of another blank sheet of paper, write out one educational goal you developed in Step 2. List everything that comes to mind as you think about the patient's diagnosis, treatment, prognosis and long-term needs. Again, ask yourself:
  1. What **information** does he need to know?
  2. What **skills, abilities and behaviors** must he be able to perform in order to properly care for himself?
  3. What **attitudes, values and feelings** would be helpful for him to adopt?
- B. Again, **decide which of these ideas can and really should be taught**. Use the same method of marking them from 0-10 as you did in Step 2. Put a check by each of the learning objectives you have identified as having the highest priority.
- C. Refer to the list you have just compiled and rewrite each checked item so that becomes a specific learning objective. **Each objective should state exactly what the patient should be able to do in order to demonstrate what he or she has learned.** For each objective, write a verb or action word in the **Verb** column that best describes what the patient will do to show you that he or she has acquired the knowledge or skill you are writing in the **Knowledge/Skill** column.

The following is an example of one educational goal and related learning objective:

**Educational Goal:** The patient will understand how to care for himself properly to avoid common diabetic complications.

Verb	Knowledge/Skill
demonstrate.....	how to properly care for his feet and skin
discuss.....	a plan for regular exercise
explain .....	the importance of regular eye examinations
describe .....	the type of identification that needs to be carried at all times

D. After you have listed all the learning objectives the patient must accomplish in order to fulfill the educational goal, go back and reconsider each objective separately. As you do, place a star (\*) beside those you feel the patient must fulfill in order to be able to take care of him-herself properly and safely. These objectives are considered priority or "survival" objectives. They indicate what the patient must learn before leaving your office. "Survival" objectives tell the teacher what learning is most important for the patient's safety and well-being. They also become excellent quality assurance indicators!

E. Repeat these steps for each educational goal you have written.

**Step 4: Determining the teaching plan.**

The teaching plan outlines what information and skill (content) the patient needs to learn, suitable teaching methods and ways to evaluate what the patient has learned.

**Matching Teaching Strategies  
to Desired Behavioral Outcomes**

Expected Behavior	Appropriate Strategies
Gaining facts, knowledge and information recordings.	Discussion, lecture, films, models, information, demonstration, independent study units, reading, slide/sound productions, audio tapes and
Comprehending and applying knowledge, facts, principles and concepts	Demonstration, films, problem-solving discussion, critical incident process, games, practice.
Performing physical skills and activities	Demonstration, practice, role playing, non-verbal exercises, drills, coaching
Acquiring attitudes, opinions, and values	Experience-sharing discussion, role playing critical incident process, television, debate, dialogue, films, guided discussion, experience sharing discussion.

**Commonly Used Teaching Methods**

Method	Advantage	Disadvantage
Written handouts	A permanent record the patient can refer to is available at any time to him or her.	Many handouts are too wordy, too technical and confuse some patients.
Group Discussion	Learners are more involved; they learn from each other as well as leader; can increase commitment to change.	Some patients may have problems that are not identified or dealt with adequately in the group.
One-to-One Discussion	Learner is involved; focuses on personal concerns and increases change.	May lack direction and important information may be missed if objectives are not followed.
Lecture	Presents accurate and factual information.	Often are teacher dominated and impersonal.
Demonstration	Good for learning motor skills.	Takes more time than other methods.
Role Playing	Allows the patient to "try out" new skills.	Time consuming and requires more teacher skill.
Audiovisual	Can be used over and over to reinforce learning, always	Can be used too much; too impersonal if used

providing the same information.

alone; needs to be used as a supplement to other methods.

### Evaluation

Evaluation assesses what the patient has learned and indicates areas that need additional or repeat teaching.

1. Evaluation is used to examine the patient's **application** of knowledge (as often as possible). It is his or her **behavior** that best indicates what and how much has been learned. Verbal responses or written answers to a paper and pencil test usually ask the patient to recall information rather than apply it. Additionally, not all patients can read or write, and many others are not comfortable taking tests.
2. Evaluation usually occurs immediately after each teaching session and before the patient leaves the during a visit to the facility. However, evaluation can also be done after the patient leaves the facility, e.g., during a home visit, clinic or doctor's office.
  1. Methods of evaluation can be as varied and creative as your imagination will allow. You might consider asking the patient to evaluate him or her self, write his own test, complete a crossword puzzle you have specially designed, make a shopping list, teaching another family member, etc. The list is endless!

### Common Methods of Evaluation

Method	Approach	Advantage	Disadvantage
Interview and discussion	Questions and inquiries that are specific to the learning objectives and will allow clear and accurate responses	<ul style="list-style-type: none"><li>• Provides personal contact</li><li>• Allows flexibility</li><li>• Allows exploration of how the patient arrived at the answer.</li></ul>	<ul style="list-style-type: none"><li>• Not very objective results are not reproducible</li><li>• Answers may be influenced by examiner or irrelevant factors.</li><li>• Poorly constructed questions may result in inadequate patient response</li><li>• Often poorly planned.</li><li>• Requires more time to administer.</li></ul>
Paper and Pencil Tests	Short answer, completion, true/false, multiple choice or essay	<ul style="list-style-type: none"><li>• Very reliable</li><li>• Quick and easy to grade</li><li>• Can be analyzed and refined</li><li>• Adaptable</li></ul>	<ul style="list-style-type: none"><li>• Difficult to prepare</li><li>• May make patients anxious or uncomfortable unless they are relevant to the patient's lifestyle and interests</li><li>• May encourage guessing</li></ul>

			<ul style="list-style-type: none"> <li>• Often promotes rote learning rather than analytical thinking.</li> </ul>
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Skill Performance and demonstration	Skills required must be consistent with stated objective Requires checklist of specific behaviors that can be observed	<ul style="list-style-type: none"> <li>• Promotes application of knowledge</li> <li>• Can test and observe adaptation to a total, realistic situation,</li> <li>• Can be used as an instructional approach.</li> </ul>	<ul style="list-style-type: none"> <li>• Not very adaptable to many learning situations.</li> <li>• May be difficult to set up or arrange.</li> <li>• Not feasible for large groups</li> </ul>
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### **Putting the Patient Education Module Into Practice**

#### **THE FIVE STEPS**

There are five steps in the teaching-learning process. As the patient educator you will be involved in them all:

1. Assess the individual learner's educational needs.
2. Establish learning goals, learning objectives and outcomes.
3. Teach the patient.
4. Evaluate what the patient has learned.
5. Document the process.

#### **STEP 1:ASSESS THE PATIENT'S LEARNING NEEDS.**

Assessing the patient's learning needs take time and patience. It requires a great deal of listening and concentration. It means gathering as much information as possible about the learner and interpreting its meaning.

Review the patient's chart. Then, talk to other caring for him or her. Next, talk to the patient and his or her family.

You will need to cover these areas as you do the assessment:

- the patient's knowledge, skills and attitudes about his or her situation
- any previous experience related to health problems
- areas of strength that are related to his or her learning
- the patient's motivation for learning about his or her situation

It is often impossible to collect all the information you need before you begin teaching. It's okay. You will add more as you work with the patient.

As you interview the patient, here are some important things to listen for:

1. Assess how the patient perceives his or her condition and current situation.
2. Identify what the patient wants and needs to know. Goals that a patient sets for him/herself must be met first. Otherwise, further learning is greatly impaired, and the patient will have a difficult time learning anything else.

3. Listen for clues about the patient's interest and level of understanding. Don't use the grade completed in school as the main indicator of the patient's ability to comprehend or learn.
4. These communication techniques are very helpful:
  - using open ended questions
  - not jumping to conclusions and predicting the patient's needs without sound basis
  - verifying your perceptions and conclusions with the patient
5. Identify any situations that would make it difficult for the patient to follow the treatment program.

## **STEP 2: ESTABLISH LEARNING OBJECTIVES**

After you have assessed the patient's learning needs, combine what the patient wants to learn with other information and skills you feel he or she needs to know. Match what you have identified with the educational goals listed. Write down the facts and skills that you have decided that he or she wants and needs to learn. These become the patient education goals and the learning objectives.

## **STEP 3: TEACH THE PATIENT**

- Be sincere, honest, and genuinely interested. These increase learning.
- Avoid interruptions during the teaching session.
- Teach in a pleasant and comfortable atmosphere. This has positive affect on learning.
- Deal with the immediate concerns of the patient first. When the patient asks a question or the conversation turns toward a topic related to a learning need, effective and worthwhile teaching can then take place. This is called using the "teachable moment."
- Keep any physical or mental disabilities the learner may have in mind.
- Avoid too much detail.
- Separate long or complex material into smaller units.
- Avoid lecturing.
- Encourage the patient to ask questions.
- Involve the patient in as many physical activities as possible. These include hearing, seeing, touching, writing, speaking and doing.

## **STEP 4: EVALUATE WHAT THE PATIENT HAS LEARNED**

Evaluation is done throughout the teaching process and after the teaching has occurred.

If the learning objectives are not met, there may be any number of reasons. Some common reasons for not meeting your evaluation goals are:

1. The patient wasn't ready to learn because the patient had other problems or concerns, such as pain, immediate home problems, fatigue, etc.
2. The patient may have lacked or had inaccurate background knowledge or experience.
3. Your assessment of learning needs may have been incomplete or even inaccurate. Check out your assessment, and update it.
4. You may have set objectives that were too ambitious or optimistic.
5. Check your teaching approaches...they may not have been the right method for this patient or content. This can happen when you need to use more than one approach for the content.

## ACKNOWLEDGEMENTS

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